


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 853960 1. Entity Name CITIFINANCIAL SERVICES, INC. (GA)		
Principal Place of Business 300 ST. PAUL PLACE BALTIMORE, MD 21202	Mailing Address 300 ST. PAUL PLACE BSP17D BALTIMORE, MD 21202 US	



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0572791	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000706802
04/24/07-80050-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHNEIDER, JAMES W
STREET ADDRESS	300 ST. PAUL PL
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	TD
NAME	SCHNEIDER, EDWARD J
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	V
NAME	JONES, J.I.
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE MD.,
TITLE	VS
NAME	DAVIS, LINDA S
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	CANEDY, K.A.
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE MD.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/07 410-332-3067